1805148ubmit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240 District II			WELL API NO.
811 South First, Artesia, NM 87210			30-007-20140
District III	District III 2040 South Pacheco		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		STATE FEE	
2040 South Pacheco, Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
SUNDRY NOTICES	S AND REPORTS ON WELI	_z S	7. Lease Name or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name of Ome Agreement Name;
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			VPR A
1. Type of Well:			
Oil Well Gas Well Other Coalbed Methane			-
2. Name of Operator			8. Well No. 31
3. Address of Operator			
P.O. Box 190. Raton, NM 87740			9. Pool name or Wildcat
4. Well Location			
Unit [_:1464'	_feet from theSOUTH lir	ne and551'	feet from theEASTline
Section 34			
A CONTRACTOR OF THE PROPERTY O	Township 32N Description (Show whether Leaves)	Range 19E	NMPM COLFAX County
	. Elevation (Bhow whether L	on, rad, ki, Gr, et	<i>c.)</i>
11. Check Appr	opriate Box to Indicate N	Vature of Notice	Report or Other Data
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			RK ALTERING CASING
TEMPORARILY ABANDON			ILLING OPNS. PLUG AND
PULL OR ALTER CASING MULTIPLE CASING TEST A			ABANDONMENT U
CC	OMPLETION	CEMENT JOB	
OTHER:		OTHER: CHAN	GE OF OPERATOR
12.		OTTIER. OTTIVIT	GE OF OFERATOR
For the referenced well, the operator has	s changed:		
0 0 0			
From: Sonat Raton, L.L.C.		o Energy Raton, L.	L.C.
P.O. Box 190 Raton, New Mexico 87740 Raton, New Mexico 87740			
Katon, Ivew Mexico	37/40 Katon	, New Mexico 87740)
I hereby certify that the information abo	ve is true and complete to the	best of my knowled	ge and belief.
SIGNATURE RANGE	Maria A M	EACH ITV DDOD	ODECLIA
SIGNATIONS.	THE	_FACILITY PROD.	SPECIALIST_DATE07/23/00
Type or print name RUTH LUKSICH Telephone No. (505)445-4621			
(This space for State use)			
ADDROUGH ON KIND ON KIND ON THE STATE OF THE			
APPPROVED BY Sylvanian TITLE DISTRICT SUPERVISOR DATE 8/7/00 Conditions of approval, if any			
Conditions of approval, it ally			